

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

100/576777

APPLICANT(S)

ORIGINAL - Amdt - 28 Nov 06 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
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11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18	✓		✓		✓	
19		✓		✓		✓
20		✓		✓		✓
21		✓		✓		✓
22		✓		✓		✓
23		✓		✓		✓
24		✓		✓		✓
25		✓		✓		✓
26		✓		✓		✓
27		✓		✓		✓
28		✓		✓		✓
29		✓		✓		✓
30		✓		✓		✓
31		✓		✓		✓
32					✓	
33						✓
34						✓
35						✓
36						✓
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39						✓
40						✓
41						✓
42						✓
43						✓
44						✓
45						✓
46						✓
47						✓
48						✓
49						✓
50						✓
TOTAL IND.	2	↓	2	↓	3	↓
TOTAL DEP.	29	←	13	←	22	←
TOTAL CLAIMS	31		15		25	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						